

Entered - 3-19-01 - sb
CL - 01L0182 ALEXIS HOLMES

01-*R*-0796

CLAIM OF: **COREY LEMUEL WILSON**
1110 Oakdale Avenue
Mobile, Alabama 36605

For damages alleged to have been sustained as a result of a vehicular
accident on August 2, 2000 at Lenox Road and Piedmont Road.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0182

Date: 5/16/01

Claimant /Victim COREY LEMUEL WILSON

BY: (Atty)(Ins.) _____

Address: 1110 Oakdale Avenue, Mobile, Alabama 36605

Subrogation _____ Claim for Property damage \$ 2,500.00 Bodily Injury \$ _____

Date of Notice: 3/16/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 8/2/00 Place: Lenox Road and Piedmont Road

Department Police Division: Field Operations Division

Employee involved Officer Steven H. Nichols Disciplinary Action: None taken

NATURE OF CLAIM: The claimant sustained injuries when the vehicle he was riding in was struck by a City vehicle. However, the claimant failed to meet the O.C.G.A. §36-33-5 Written Notice requirement when he filed his claim more than six (6) months after the event took place upon which he is alleging claims against the City.

INVESTIGATION:

Statements: City employee _____ Claimant X Other X Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Unknown Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____


Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

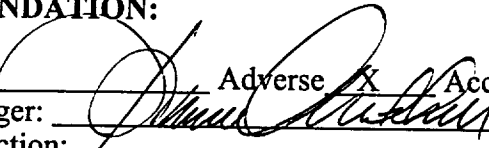
Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 05/17/01

Committee Action: _____ Council Action _____

RECEIVED MAR 16 2001

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3-14-2001

Dear Municipal Clerk:

ENTERED - 3-19-01 - SB
01L0182 - ALEXIS HOLMES

Holmes
03/16/01

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2,500 fine off car property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 8-2-2000 2. Time of Incident: 1459 3. Police called: X
(month/day/ year) Yes No

4. Location of incident (including street address): Lenox Rd. and Piedmont Rd.

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: incident report on the back

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Corey L. Wilson
Signature of Claimant

Corey Lemar Wilson
(Print Claimant's Name)

1110 Oakdale avenue
(Address)

Mobile, Alabama 36605
(City, State and Zip Code)

(334) 433-7664 / 334-478022
(Work Number) (Home Number)

01-R-0796